



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E360240**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **14-02397**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

DATE OF COLLISION **09** - **28** - **2014** TIME (2400) **0838** COUNTY # **31** MILES ☐ N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664** CITY # ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
124TH AVE NE BLOCK NO. ☒ **3000** MILE POST ☐

DISTANCE **40** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **CATHERINE DR** FEET ☒ S ☒ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. **MMDDYYYY** ☐

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **1** EJECT **1** HELMET USE **9** INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **B80293F** STATE **WA** VIN# **1GCEK19TX1E146753**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2001** MAKE **CHEV** MODEL **C1500** STYLE **CW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ☐

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **21ST CENTURY INS 2173 61 81**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☒ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4252492171**

LAST NAME **BALDWIN** FIRST NAME **DAVID** MIDDLE INITIAL **D**

STREET NEW ADDRESS ☐ **2807 124TH AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **M** D.O.B. **06** - **23** - **1942**

ON DUTY ☐ STATUS **1** AIRBAG ☐ RESTR. ☐ EJECT **9** HELMET USE **1** INJURY CLASS **7** NATURE OF INJURIES **COMPLAINING OF BACK PAIN**

LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE ☐ MODEL ☐ STYLE ☐ VEHICLE TOWED YES ☐ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO. ☐

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**



STATE OF WASHINGTON
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1591972

CORRECTION

REPORT NO. **E360240**

CASE # **14-02397**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was illegally parked and unoccupied blocking the northbound lane in the 3000 124th Ave NE. Cyclist had turned onto 124th Ave from Catherine Dr. Cyclist indicates he was travelling at 12 mpg on his new bicycle. Cyclist stated he observed the illegally parked vehicle and attempted to stop, but was unseccessful and collided with Unit 1. The owner of Unit 1 stated the vehicle was parked in the roadway as he was using the truck to pull shrubs from his yard.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

09-28-14 10:04 AM

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

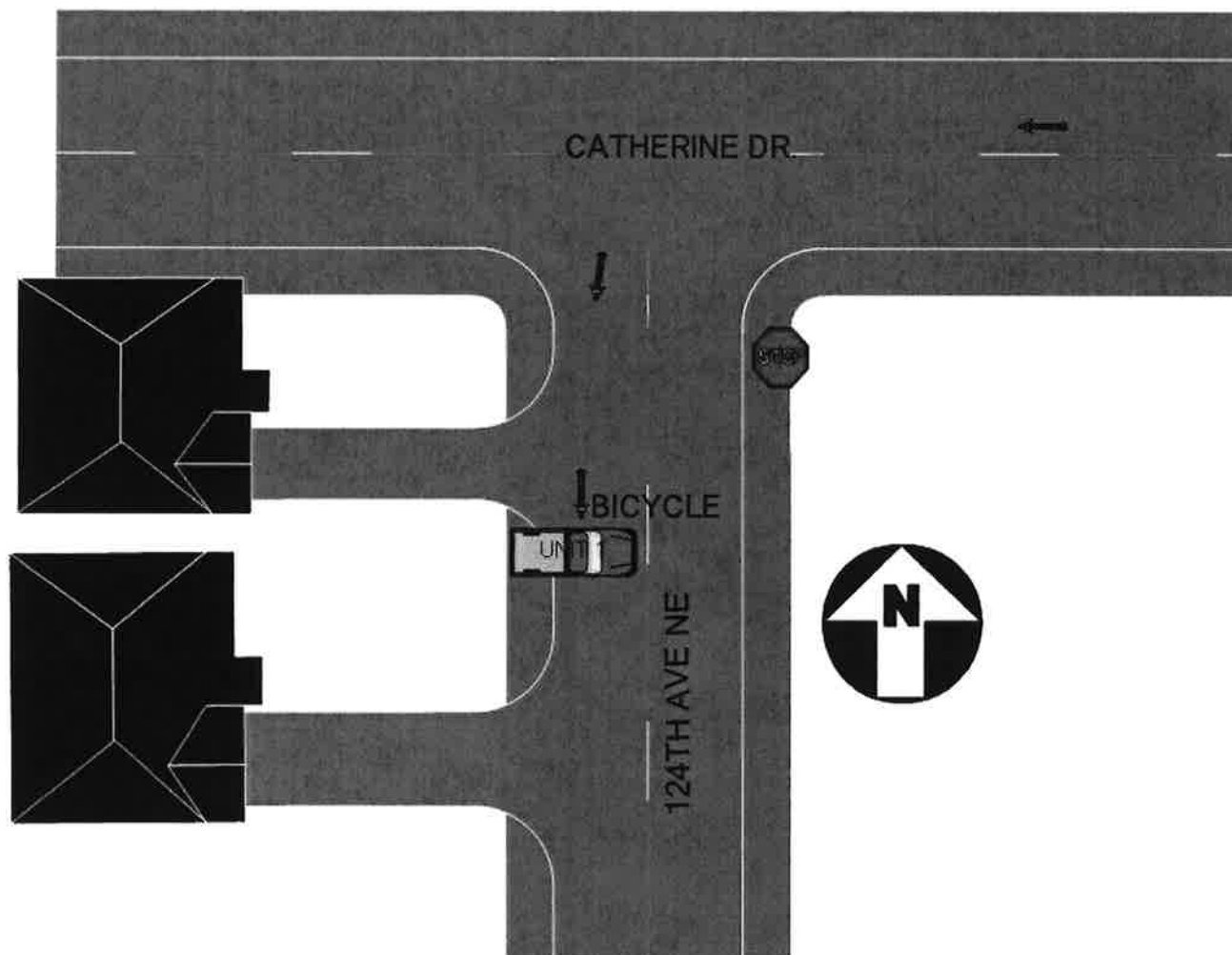
9/29/2014 12:00:57 AM

BADGE OR ID # **075**

ORI # **WA0311900**

TIME POLICE DISPATCHED **8:39 AM**

TIME POLICE ARRIVED **8:49 AM**



Incident History for: #SS14019004 Xref: #AG14002776

Case Numbers: \$\$\$14002397

Entered 09/28/14 08:38:43 BY SPDF24 SP0182

Dispatched 09/28/14 08:39:47 BY SPDP17 SP0371

Enroute 09/28/14 08:39:47

Onscene 09/28/14 08:49:17

Closed 09/28/14 08:58:08

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1720 Map Page: 377J-4 Group: SS1 Beat: NORT

Src: T

Loc: 3028 124 AV NE, LKS btwn DEAD END & CATHERINE DR (V)

Loc Info:

Name: WILLABY, MARK

Addr:

Phone: 2064981144

/0838 (SP0182) ENTRY , BICYCLIST INTO PARKED TRUCK, CONS/BN, BACK PX
/0838 CROSS #AG14002776
/0839 (SP0371) DISPER 19D1 #SS75 CHRISTENSEN, OFCR (CHAD)
/0849 (SS75) *ONSCNE 19D1
/0852 (*****) REMINQ 19D1 B80293F
/0852 (SP0371) REMINQ 19D1 LIC, 19D1, B80293F, , ,
/0856 ASNCAS 19D1 \$\$\$14002397
/0858 CLEAR 19D1 D/H
/0858 CLOSE 19D1

LOU
ORIGINAL

SECTOR